Form VI-Gen *Pro Se* General Complaint Form (Rev. 8/24/15)

## IN THE DISTRICT COURT OF THE VIRGIN ISLANDS DIVISION OF $\ \square$ ST. THOMAS/ST. JOHN $\ \square$ ST. CROIX

	,	
Stefan Michalapoulos (Print your full name)	) )	
Plaintiff pro se,	) ) COMPLAINT	
V.  United States of America  (USA)  Defendant(s)	Civil Action No. 1.25-CV 001  (To be provided by the Clerk of Court)	********
	he names of all of the defendants in the space provided, please write all sheet of paper with the full list of names. The names listed in the I below.	kec'dJBNI-SK 03 25'25 PM04'2
I. Basis for Jurisdiction:		Ž
What federal Constitutional, statutory or trea	e, federal statute or the United States Constitution) <sup>1</sup> aty right is at issue? FEDERAL TORT CLA	
(4) Attempted Murder (5) M  Diversity (none of the defendants are reside controversy exceeds \$75,000.00). <sup>2</sup>	and Reading a forture Complaint (3) Psychology (6) ALL other causes of ents of the state where plaintiff is a resident and the amount in 1	hopothy. Orction ntroduced
Plaintiff's state of citizenship: United	States, St. Croix.	
Defendant(s) state(s) of citizenship:		
Other (describe)		
Federal Tort Claims Act	(FTCA), 1946	
his lawsuit is the come	200 Ar 1.74-CV-01169-CDR	
astern District of California,  See 28 U.S.C. § 1331 Harass	ongoing case, "Live Case", Crimin ment, Torture, Retaliation to m Complaint. October 02, 2024-	nal laking
	Page 1 of 5 March 22; 2025.	

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## II. Parties in this complaint:

III.

A.	List your name, address and telephone number. You <u>must</u> keep the Clerk of Court apprised of your current contact information.
	Name: Stefan Michalopoulos
	Street Address: 503 La Grange HILL
	City/State/Zip Code: Freolerik Sted / VI / CO840
	Telephone No.: 805535 6996 Email Address: Stefan mich 500 @g mail.com
В.	Provide the name and address of each defendant listed in the caption on the first page. Attach additional sheets of paper as necessary.
	Defendant No 1 ATTORNEY COENER M GORNAL PHEN
	Defendant No. 1 ATTORNEY GENERAL GORDON RHEA.  Name: Department of Justice (U.S.A.)
	Street Address: 6/5/ Estate La Reine
	City/State/Zip Code: Kingshill, St. Croix, VI, 00850
	Telephone No.: 340 773-0295
	Defendant No. 2
	Name:
	Street Address:
	City/State/Zip Code:
	Telephone No.:
	If there are more than two defendants, attach a separate sheet. For each defendant, specify: (1) name; (2) street address; and (3) city/state/zip code.
Sta	tement of Claim
	scribe how each of the defendants named in the caption of this complaint is involved in this action, along
	the dates and locations of all relevant events. <b>Do not give any legal arguments or cite any cases or</b> states.
Ju	
A.	Where did the events giving rise to your claim(s) occur? United States, California
	and many other places. St. Croix.
В.	What date did the events giving rise to your claim(s) occur? March 2003 —
	present day "Live case", No warrants, Criminal
	Larase ment

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C. Provide the essential facts of your case "IN NUMBERED PARAGRAPHS, EACH LIMITED AS FAR AS PRACTICABLE TO A SINGLE SET OF CIRCUMSTANCES." Attach additional sheets of paper as necessary, numbering each allegation.

1. This is A Formal Torture Complaint. Torture when due to Discrimination does not need be "while in Custody!" The definition of this Torture IS in 18 USC 2340 (1) (Z,a,b,c,d). Specific

2. <u>Course of action to be followed by the Judici</u>
15 "Convention Against Torture," 1984. Articles
1, 2, 13, 14. "Discretional Powers" in this
matter is described in the FTCA act

3. "Discretional Function Exception", (PDF Version).

Article 2 states that Judiciary most do everything in your power to prevent and stop this torture.

YOU MUST provide injunctive velicly Restraining

4. Order from the FBT "Illegal Activities."
Provisions stating the FBT must pay me, Plaintiff,
\$250 Billion Dollars if the Restraining Order

5. 13 Violated in any way. Payment in Check form within 3 weeks of my complaint. I must guarantee my safety in these perilous

o. <u>CIrcumstances</u> I face "FOR DEATH" or until my death from the FBI. The FBI will never stop until my death. The Virgin Islands District Court and Judges are Saving an Innocent

FED. R. CIV. P. 10.

American from DeAtherors From the FBI.

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Describe how you were damaged by any action or conduct of the defendant(s). If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Arepithton of conduct carries different significance from

Just initially engaging in it once and perhaps even renouncing it.

A repithton carries different significance. There are 6 ways

for the Court todemand the files. I was tortured daily from

October 02, 2024 - March 22, 2025. Discovery disclosure will

happen next, then the Trial will be I month, review day by day

V. Relief Requested (check only those that apply). If you named two or more defendants and are seeking different Torture

V. Relief Requested (check only those that apply). If you named two or more defendants and are seeking different Torture

W. Monetary damages in the amount of: "Punitive Damages", \$250 Billion

against: UNITED STATES. (USA)(DOJ)

Dollars

X. All defendants \_\_Def. No. 1 \_\_Def. No. 2

An injunction ordering: \_\_Lestraing Order / Protective Oracles

All defendants \_\_Def. No. 1 \_\_Def. No. 2

Costs and fees incurred in litigating this matter. Law yer costs. 25%

Def. No. 2

Def. No. 1

☐ Trial by jury on all issues so triable.

All defendants

against:

Such other relief as may be appropriate.

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## VI. Verification and Declaration under Penalty of Perjury

Initial eac.	h of the following:
X	I have included <u>one</u> properly completed Form JS 44 Civil Cover Sheet (available from the clerk's office).
<u> </u>	I have included <u>one</u> properly completed Form VI-AO 44 Summons in a Civil Action (available from the clerk's office) <u>for each defendant</u> I am suing, including the defendant's full name, job title and work address.
X	In addition to this complaint with an original signature, I have included one copy of this complaint for each defendant.
<u>X</u>	I have included:
	☐ Full payment of the filing fee (\$400.00) via cash (delivered in person) or check or money order payable to Clerk, District Court of the Virgin Islands; or
1.	A properly completed Motion to Proceed In Forma Pauperis in a Non-Prisoner Civil Action (Form VI-AO 240-NP)
/A	**I have included the following (available from the clerk's office):
	☐ Motion for Permission for Electronic Case Filing ("e-filing or ECF")
	I understand the Court may deny my ECF motion pursuant to Local Rule of Civil Procedure 5.4(b)(2).
	I understand if the Court grants my ECF motion, it may subsequently terminate my efiling access.
	□ Pro Se ECF Registration Form
	** INITIAL and complete ECF motion/registration form only if you have access to a computer and an email account.
X	I agree to promptly notify the clerk of any change of address.
X	I have read all of the statements in this complaint. [Do not forget to keep a copy for your records.]
I	DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS

I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS DOCUMENT IS TRUE AND CORRECT. 28 U.S.C. §1746; 18 U.S.C. §1621

This 25 day of March , 2025

Signature of Haintiff